

# ADULT PEI PROGRAMS

## SYSTEMWIDE SUMMARY

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2011—2012 ANNUAL REPORT



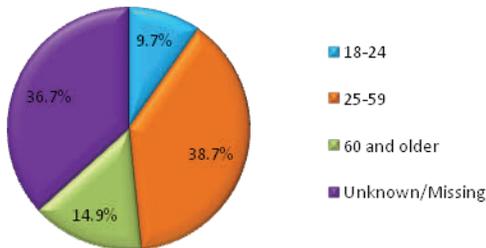
The Mental Health Services Act Prevention and Early Intervention funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. San Diego County has funded 25 contractors to provide prevention and early intervention (PEI) programs for adults. The focus of these programs vary widely, from reducing the stigma associated with mental illness to preventing depression in Hispanic caregivers of individuals with Alzheimer’s disease. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided. This information is summarized in the following report.

<b>DATA:</b>	Adult PEI Programs
<b>REPORT PERIOD:</b>	7/1/2011-6/30/2012
<b>NUMBER OF PARTICIPANTS WITH DATA:</b>	11,138 unduplicated



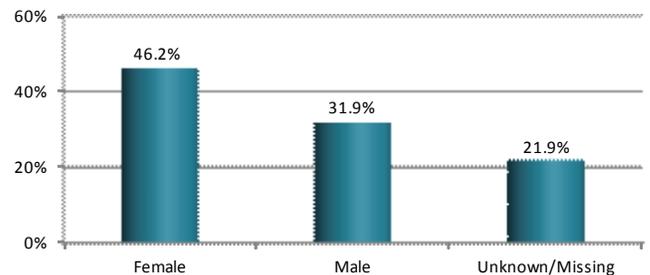
### SYSTEMWIDE PARTICIPANT DEMOGRAPHICS\*

**AGE (N=11,138)**



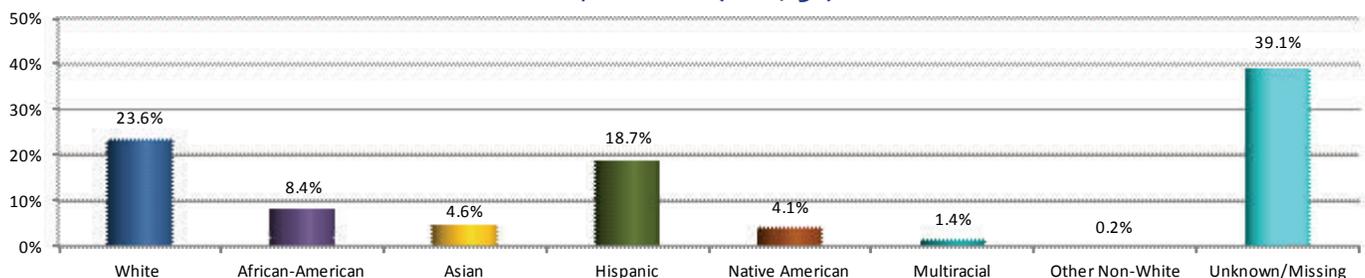
Forty-eight percent of participants who received services were reported to be ages 18-59.

**GENDER (N=11,138)**



Forty-six percent of participants who received services identified their gender as female.

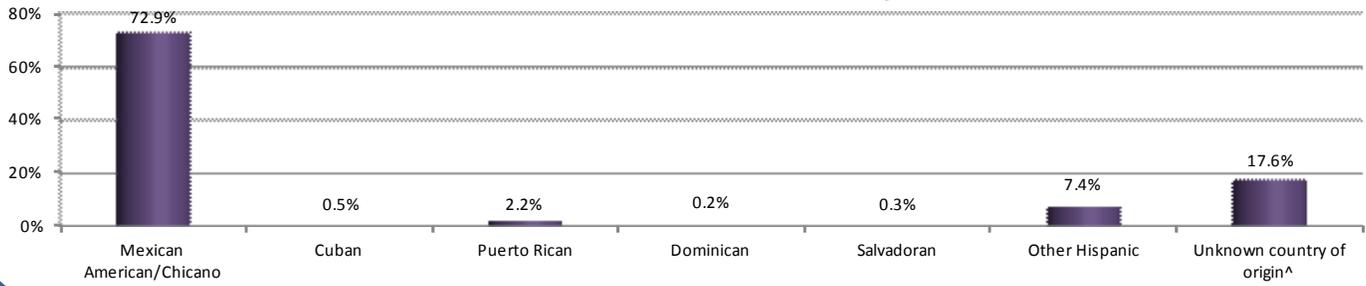
**RACE/ETHNICITY (N=11,138)**



Forty-two percent of participants who received services identified their racial/ethnic background as White or Hispanic.

\*The percentage of participants with unknown or missing information is high because individuals who called the Adult/Family Peer Support Line, one of the largest PEI programs, often did not report their demographics.

### MEXICAN/HISPANIC/LATINO ORIGIN (N= 2,078)\*



Of the Hispanic population served, 73% identified their ethnic background as Mexican American/Chicano.

\*Participants can self identify as more than one race so percentages may add up to more than 100%.

^Some PEI programs did not ask Hispanic participants to list their country of origin. Participants from these programs are included in the unknown category.

### MILITARY SERVICE

#### MILITARY BRANCH (N=548)\*

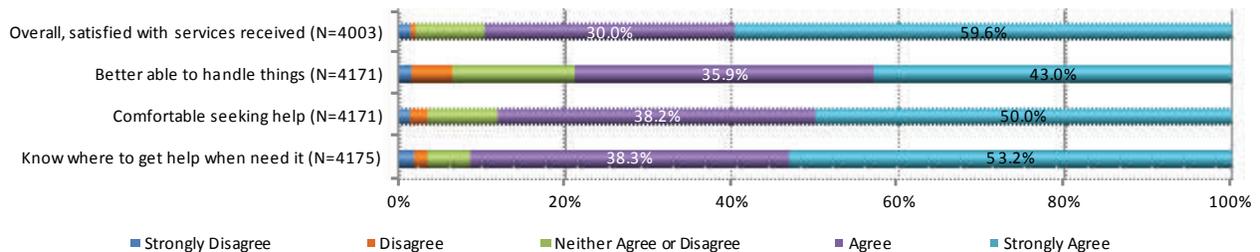


Of the 6,283 participants for whom military service status was known, 548 (9%) had served in the military. Of those participants, 146 (27%) served in the Navy, 146 (27%) served in the Army and 69 (13%) served in the Marine Corps. The remaining military branches were not as highly represented. 117 (21%) participants did not specify a military branch of service.

\*Participants could have served in more than one military branch so numbers and percentages may add up to more than the N or 100%.

### PROGRAM SATISFACTION

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For each satisfaction question, responses were obtained from approximately 37% of the participants. Of these participants, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 90% of the participants who responded were satisfied with the services they received.

\*Satisfaction data not available for all participants.

The Health Services Research Center (HSRC) at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the Performance Outcomes and Quality Improvement Unit of San Diego County Mental Health Services to evaluate and improve mental health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information please contact Andrew Sarkin, PhD at 858-622-1771.